

FILE NOW: FILING FEE IS \$61.25

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Jan 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710414 (4)

1. Corporation Name:
FATHER M. F. MONAHAN HOME ASSOCIATION, INC.



Principal Place of Business: 600 KNIGHTS ROAD, HOLLYWOOD FL 33021-6145
Mailing Address: 600 KNIGHTS ROAD, HOLLYWOOD FL 33021-6145

3. Date Incorporated or Qualified: 02/22/1966
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1301291
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGIC, ROBERT
925 NE 32 AVE
HOLLYWOOD FL 33021

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	OLDZIEJ, GERARD	
STREET ADDRESS	1607 NO PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEE, DEREK	
STREET ADDRESS	1810 N 39 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WINGENDER, W J	
STREET ADDRESS	5006 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAGIC, R	
STREET ADDRESS	925 N 32 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERMINE, J.	
STREET ADDRESS	5311 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARDAMON, J.	
STREET ADDRESS	312 N 46 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. J. WINGENDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 954-987-9514
Date Daytime Phone # 0021448

CR2E037 (9/96)